

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/914225**

FILING DATE

**07 DEC 2001**

APPLICANT(S)

*McE. Smith*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.			2			
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TOTAL CLAIMS			10			

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